

Membership Notice

New Member Renewal

Use the form below or join/renew on-line at www.hapsweb.org



**Answer Required*

*First Name		*Last Name		Suffix (Jr., III)
*Institution/Company Name				
*Address			*City	
*State/Province		*ZIP/Postal Code		Country
Phone Number			*E-mail	
<i>This section is for new members only:</i>		Your username will be the email address provided above.	*Password (must be eight characters and include one number)	
HAPS sends communications about the society via email. You must opt-in to receive communications about the society, including announcements from the President, election notices, conference dates, etc. If you do not opt-in, you will receive no communications from the society.				
<input type="checkbox"/> Yes, I want to receive email communication from HAPS				
*How did you learn about HAPS?				
Where do you reside?				
<input type="checkbox"/> Central Region: U.S.: IA, IL, IN, MI, MN, MO, OH, WI; Canada: MB, ON; International: outside the U.S. and Canada <input type="checkbox"/> Eastern Region: U.S.: CT, D.C., DE, MA, MD, ME, NH, NJ, NY, PA, RI, VA, VT, WV; Canada: NB, NF, NS, PE, QC <input type="checkbox"/> Southern Region: U.S.: AL, AR, FL, GA, KY, LA, MS, NC, OK, PR, SC, TN, TX, VI <input type="checkbox"/> Western Region: U.S.: AK, AS, AZ, CA, CO, GU, HI, ID, KS, MT, NE, ND, NM, NV, OR, SD, UT, WA, WY; Canada: AB, BC, NU, NT, SK, YT				
Membership Types:				
<input type="checkbox"/> Regular (\$110) <input type="checkbox"/> Contingent Faculty (\$90) <input type="checkbox"/> High School Teacher (\$90) <input type="checkbox"/> Retired Faculty (\$55) <input type="checkbox"/> Post-doc – must provide documentation of full-time status (\$40) <input type="checkbox"/> Graduate Student – must provide documentation of full-time status (\$30) <input type="checkbox"/> Undergraduate Student – must provide documentation of full-time status (\$20) <input type="checkbox"/> 3 Year Regular – save 5%! (\$310) <input type="checkbox"/> 5 Year Regular – save 10%! (\$500) <input type="checkbox"/> 3 Year Contingent Faculty – save 5%! (\$260) <input type="checkbox"/> 5 Year Contingent Faculty – save 10%! (\$405)				
Membership Dues \$ _____ Total Amount Due \$ _____		FAX forms to 706-883-8215 or mail to: HAPS 251 S.L. White Blvd PO Box 2945 LaGrange, GA 30241		
For questions, please contact Brittney Roberts at info@hpsconnect.org or 1-800-448-4277.		Credit Card Payments:		
		Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		
		Card Number: _____		
		Expiration Date: _____		Security Code: _____
		Name on Card: _____		
Billing Address: _____				
